



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
February 2009

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	C R	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
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No CON activity to report for February 2009.

LEGEND:

ASC Ambulatory Surgical Center
 CDU Chemical Dependency Unit
 CO County
 CR Comparative Review
 DEC Decision
 DISMISS Appeal dismissed
 FAC Facility
 HHA Home Health Agency

H Hospital
 HIS Indian Health Service
 LOI Letter of Intent
 LTC Long-Term Care
 MTH Month of Notice
 NH Nursing Home
 NR Non-Reviewable Project
 N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision
 REQ Request
 SNF Skilled Nursing Facility
 TBA To Be Announced
 TBI Traumatic Brain Injury
 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)
 N Disapproval Y Approval or Yes
 DATES Month/Day/Year

* First-year operating cost HHA
 Name of facility in **BOLD** indicates a new request for report month